

Supplementary material

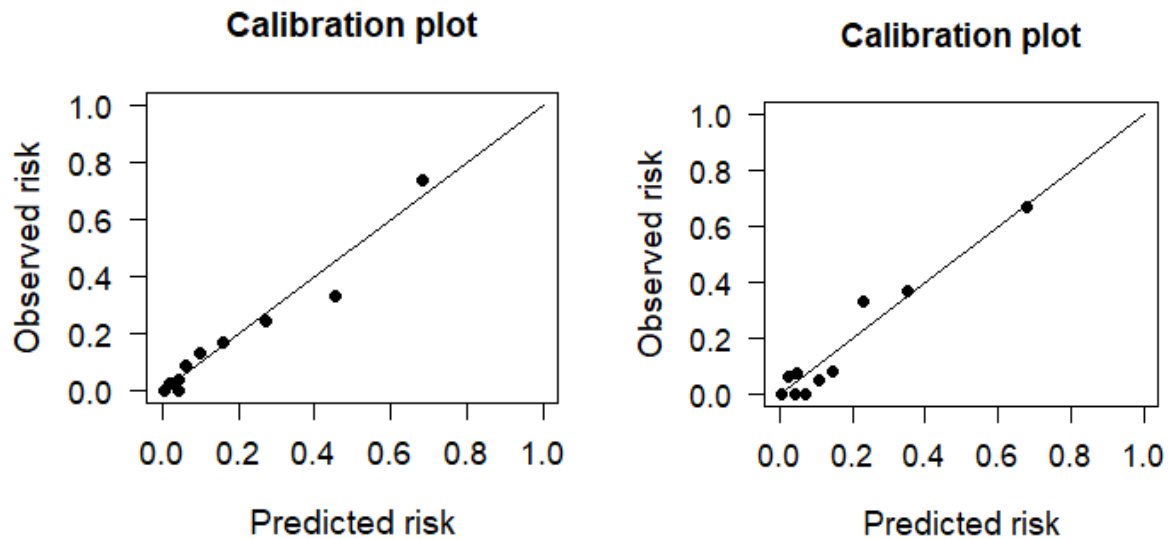
S1 Fig. Calibration plot showed the agreement between observed and predicted probabilities for active pulmonary TB (before bootstrapping).

S2 Fig. Receiver operating characteristic (ROC) curve of the ability of clinical symptoms (age (18-40 years), cough of ≥ 2 weeks, shortness of breath of ≥ 2 weeks, loss of appetite, and low body mass index ($\leq 18.5\text{kg/m}^2$) and CXR read by clinician or radiologist to predict the presence of active pulmonary TB.

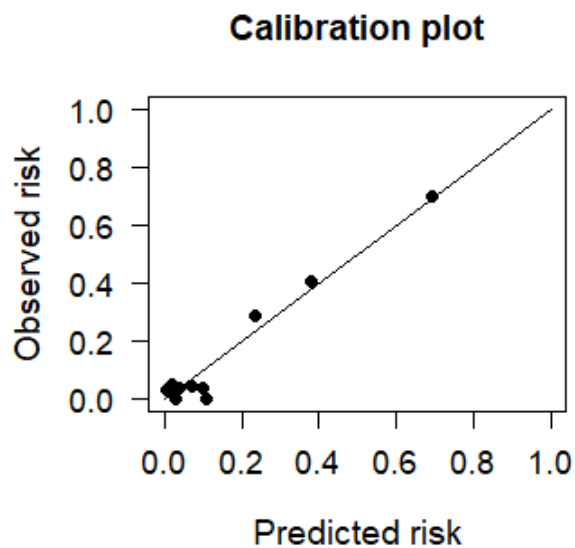
S3 Fig. The simplified risk score developed based on clinical parameter (model 1), clinical parameter plus CXR read by clinicians (model 2), and clinical parameter plus CXR read by radiologist (model 3).

S4 Fig. Calibration plot showed the agreement between ideal, apparent and corrected biased to predict active pulmonary TB (after bootstrapping).

S1 Fig. Calibration plot showed the agreement between observed and predicted probabilities for active pulmonary TB (before bootstrapping).

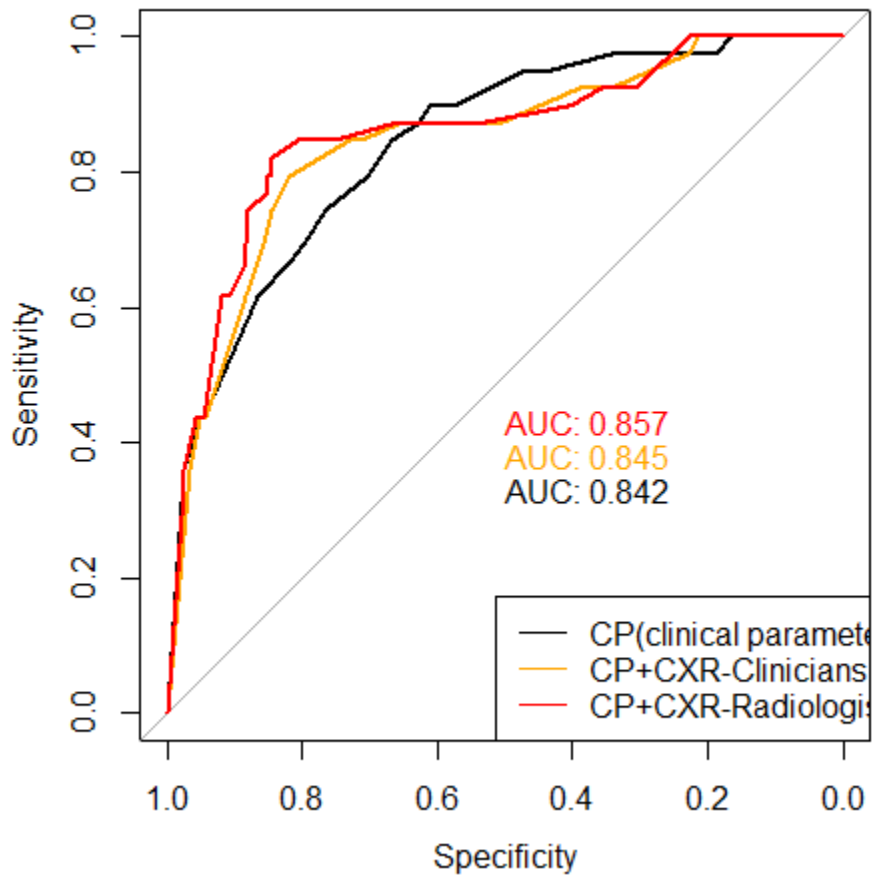


Model 1 (based on clinical parameters only). **Model 2** (based on clinical parameters plus CXR read by clinicians).

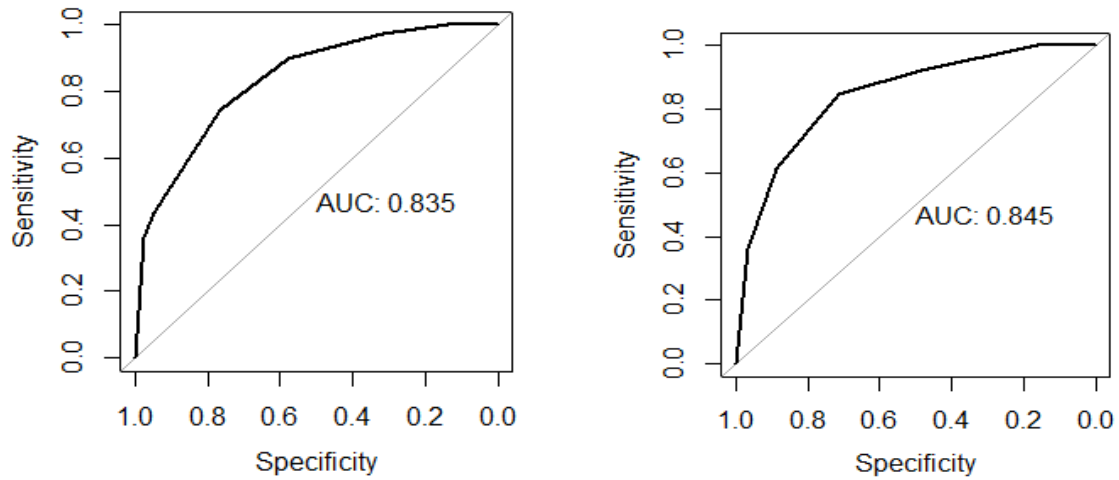


Model 3 (based on clinical parameters plus CXR read by a radiologist).

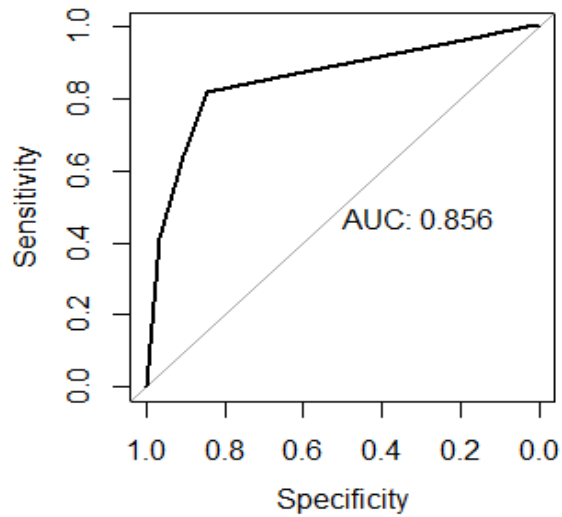
S2 Fig. Receiver operating characteristic (ROC) curve of the ability of clinical symptoms (age (18-40 years), cough of ≥ 2 weeks, shortness of breath of ≥ 2 weeks, loss of appetite, and low body mass index ($\leq 18.5\text{kg/m}^2$) and CXR read by clinician or radiologist to predict the presence of active pulmonary TB.



S3 Fig. The simplified risk score developed based on clinical parameter (model 1), clinical parameter plus CXR read by clinicians (model 2), and clinical parameter plus CXR read by radiologist (model 3).

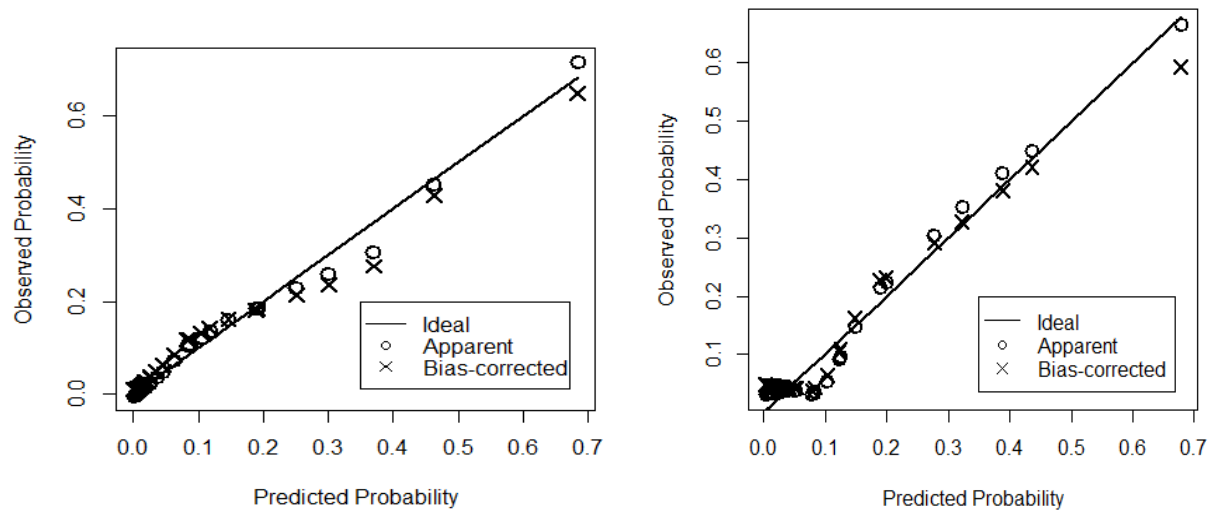


Model 1 [AUC = 0.835, (95% CI: 0.77-0.90)] **Model 2** [AUC = 0.845, (95% CI: 0.78-0.91)]



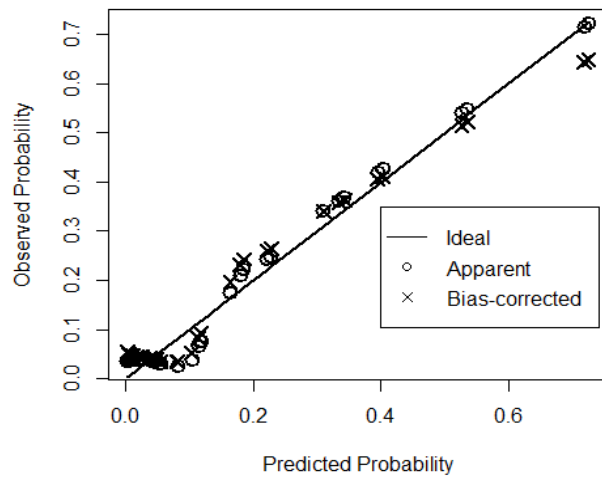
Model 3 [AUC = 0.856, (95% CI: 0.78-0.92)]

S4 Fig. Calibration plot showed the agreement between ideal, apparent and corrected biased to predict active pulmonary TB (after bootstrapping).



Model 1 (Clinical parameters only)

Model 2 (Clinical parameters plus CXR read by clinician)



Model 3 (Clinical parameters plus CXR read by radiologist)